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Bureau of Licensure and Certification				FORM APPROVED			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	R A. B	MULTIPLE CONSTRUCTION UILDING VING	(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER	····	TREET ADDRESS.	CITY, STATE, ZIP CODE	11/05/2008			
U R FIRST 8760 S M		760 S MARYLA	MARYLAND PKWY #112 GAS, NV 89123				
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FUL CIDENTIFYING INFORMATIO	L PRE	FIX (EACH CORRECTIVE ACTIO	N SHOULD BE COMPLETE DATE			
the result of an initial conducted at your ag The survey was cond Chapter 449, Home I the State Board of He last amended Novem The findings and cond by the Health Division prohibiting any crimin actions, or other clain available to any party state or local laws. The following regulated H112 449.0118 Denial, Sus In addition to the ground 449.160 and any other applicable to a particular division may deny an may suspend or revolution following grounds: 1. The failure or refusilicensee to comply with the survey was conducted as a conducted to the survey of	eficiencies was general state licensure survey ency on November 5, state licensure survey ency on November 5, state licensure survey ency on November 5, state and a constant a constant a constant and a constant a const	2008. vith ted by 73, gation d as s, e ral, noted: H112	H112 A. CORRECTIVE ACTION were required to fill up to Records Statements". B. DON reviewed all peridentify other affected etc. The Criminal Records form is included in the "File Requirements" form D. To ensure that the depractice will not recur all employees shall be revied DON for completeness of requirements. E. The responsibility of and monitoring compliant corrective action become responsibility of the DON F. Deficiencies have been of November 26, 2008.	: All employees the "Criminal rsonnel files to employees. Statements Personnel 1. eficiency I new ewed by the f all eccomplishing nce of the es the N. n corrected as			
Based on record revie ensure 10 of 11 emplo	t met as evidenced by: w, the agency failed to yees signed statemen yere convicted of any o	nts	DE(CEIVED C 0 1 2008 ENSURE AND CERTIFICATION I VEGAS, NEVADA			
	of correction must be retur	med within 10 day	s after receipt of this statement of deficie	encies.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Licensure and Certification

STATEMENT OF	DEFICIENCIES
AND PLAN OF C	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

NVS5372HHA

A. BUILDING B. WING _

11/05/2008

NAME OF PROVIDER OR SUPPLIER ST		STREET AD	EET ADDRESS, CITY, STATE, ZIP CODE				
UR FIRST 8760 S		8760 S M	MARYLAND PKWY #112 EGAS, NV 89123				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE		
The #8, crii we 449 H153 449 A h pol res each required rev me The 7. The Section and suit a	presented From page 1 the files for Employees #2, #3, #4, #5, #6, #9, #10, and #11 failed to contain sign minal affidavits indicating whether employer convicted of any crime listed in NRS 9.188. 9.782 Personnel Policies Thome health agency shall establish writtlicies concerning the qualification, sponsibilities and conditions of employment type of personnel, including licensurative developments are presented as needed and made available to embers of the staff and the advisory grose personnel policies must provide for: The annual testing of all employees who had the testing of all employees who had the testing of all employees who had the testing of all employees who had as follows: 1A.375; and S. Regulation is not met as evidenced to the contained as follows: 1A.375 1. A case having tuberculosis or spected case considered to have tubered as follows: 1A.375 1. A case having tuberculosis or spected case considered to have tubered as the managed in accordance with the delines of the Centers for Disease Contourned facility, a facility for the dependence of subsection 1 of NAC 441A.200. A medical facility, a facility for the dependence for individual residential eshall maintain surveillance of employer facility or home for tuberculosis and erculosis infection. The surveillance of ployees must be conducted in ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control and Prevention ordance with the recommendations of the terms for Disease Control a	ten nent for e if be o the pups. o have uant to ov: ed to r culosis endent trol and agraph ndent or ees of	H112	A. 1. Corrective Action. Emplo Submitted for Tuberculin Scree on November 24, 2008. 2. Employee No. 7 is held persubmission of 2 Step TB Test facility hired employee no. has a complete pre-employ requirements. 3. Employee no. 8 is held persubmission of 2 Step TB Test facility hired employee no. has a complete pre-employ requirements. B. DON reviewed all personnel identify other affected employee. C. Initial 2 Step Tuberculin Screet is required to new employed. 1 step TB test is required therefore Employees who will be in contain the patients. D. To ensure that the deficiency practice will not recur all new employees shall be reviewed by DON for completeness of all requirements. E. The responsibility of accompliand monitoring compliance of the corrective action becomes the responsibility of the DON. F. Deficiencies have been correct of November 24, 2008.	ending Test ending it. 12 who ment ending it. 13 who ment files to ees. eening ees and after for ct with the ishing ee		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

JMJK11

If continuation sheet 2 of 5

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Bureau of Licensure and Certification					FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
		NVS5372HHA	_	B. WING _		11/0	05/2008
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
U R FIRS	ST		8760 S M	ARYLAND P AS, NV 8912	KWY #112		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
H153	H153 Continued From page 2			H153			
	guidelines of the Ce Prevention as adop (h) of subsection 1 3. Before initial empin a medical facility, dependent or a hon care shall have a: (a) Physical examin licensed physician t good health, is free any other communi- stage; and (b) Tuberculosis sci preceding 12 month history of bacillus C vaccination. If the employee has of a 2-step Mantoux preceding 12 month 2-step Mantoux tub- single-step tubercul administered. A sing screening test must unless the medical designee or another determines that the appropriate for a les documents that dete exposure and corre- examination must b guidelines of the Ce Prevention as adopt (h) of subsection 1 of 4. An employee with	enters for Disease Copted by reference in prof NAC 441A.200. Ployment, a person enter a facility for the me for individual residuation or certification that the person is in a from active tubercular cable disease in a correction that the person is in a from active tubercular cable disease in a correction of the facility of the facil	employed dential from a a state of losis and contagious es with a G) first step within the step of the ther must be sis ereafter, or his sting and of of cowing the control and laragraph ory of a				
	suggestive of tubero 5. A person who der	he develops symptor	e				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 3 of 5



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Bureau	of Licensure and Ce	rtification				FORIV	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED		
	20011252 02 01 21	NVS5372HHA				11/(05/2008
NAME OF	PROVIDER OR SUPPLIER		ŀ		STATE, ZIP CODE		
U R FIR			LAS VEG	ARYLAND F AS, NV 891			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
H153	Continued From pa	ige 3		H153			
	radiograph and metuberculosis. 6. Counseling and poffered to a person screening test in according to the Centers for E Prevention as adop (g) of subsection 1. 7. A medical facility employees for the could pulmonary symptom tuberculosis or a potest shall report prospecialist, if any, or in charge of the mefacility has not design specialist, when any develop. If symptom the employee shall	r shall maintain surver development of ms. A person with a hositive tuberculosis so amptly to the infection to the director or othe dical facility if the me gnated an infection of y pulmonary symptom ns of tuberculosis are be evaluated for tuberview, the agency faile	must be culosis aidelines baragraph illance of control er person edical ontrol es present, erculosis.				
		inistrative Code for 3	of 11				
	Findings include:						
		imployee #1 on 09/10 nted evidence of any ng tests.)/08. The				
	The agency hired E file contained a one The file lacked a two	mployee #7 on 09/26 -step result dated 03 o-step result.	6/08. The /10/08.				
		imployee #8 on 10/16 e-step result dated 03 o-step result.					

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If continuation sheet 4 of 5

DEC 0 1 2008

PRINTED: 11/20/2008 Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS5372HHA 11/05/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8760 S MARYLAND PKWY #112 **URFIRST** LAS VEGAS, NV 89123 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H154 Continued From page 4 H154 H154 449.782 Personnel Policies H154 H154 A. 1. Corrective Action. Employee No. 1 A home health agency shall establish written policies concerning the qualification, **Submitted for Pre-Employment Physical** responsibilities and conditions of employment for Examination November 26, 2008. each type of personnel, including licensure if B. DON reviewed all personnel files to required by law. The written policies must be identify other affected employees. reviewed as needed and made available to the C. Pre-employment Physical members of the staff and the advisory groups. Examination is required for all new The personnel policies must provide for: 8. A health record to be on file with hte agency Employees. which must comply with the "CDC Guideline for D. To ensure that the deficiency Isolation Precautions in Hospitals," February 1. practice will not recur all new 1996, edition, which the state board of healthy employees shall be reviewed by the hereby adopts by reference. A copy of the DON for completeness of all publication may be obtained from the National requirements. Technical Information Service of the Centers for E. The responsibility of accomplishing Disease Control and Prevention Research Department, 5285 Port Royal Road, Springfield, and monitoring compliance of the Virginia 22161, for the price of \$23,50. corrective action becomes the This Regulation is not met as evidenced by: responsibility of the DON. Based on record review and interview, the agency F. Deficiency has been corrected as failed to ensure files contained pre-employment of November 26, 2008. physicals for 1 of 11 employees. Findings include: Record review

The agency hired Employee #1 on 09/10/08. The file lacked a pre-employment physical.

Interview

On 11/05/08 in the morning, Employee #1 indicated a physical was unnecessary because he would have no patient contact.

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